

LOWER CAPE RECREATIONAL BASKETBALL
Brewster, Orleans, Eastham, Wellfleet, Truro & Provincetown
Fee \$35.00/participant

Circle One: 7th & 8th Grade League 9th – 12th Grade League

Participant's Name: _____

Address: _____

Email Address: _____

Best Phone Number to Contact You: _____

Date Of Birth: _____ Age: _____ Grade: _____

T-shirt Size: **Youth** M L XL **Adult** S M L XL XXL

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Concerns: _____

Do you have Medical Insurance? Yes No

Consent to Release Form:

I, the undersigned, as legal adult or parent/guardian of a minor, do hereby consent to my/my child's participation in voluntary recreation programs of the Lower Cape Towns. I also agree to forever release the Towns of Brewster, Orleans, Eastham, Wellfleet, Truro and Provincetown, and all their officers, boards, committees, employees, agents, volunteers, and contract employees from any and all liability, claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Lower Cape's voluntary recreation programs. I affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that this is a legal document and that by signing it I am giving up substantial legal rights and giving up my right to sue or otherwise make a claim against these towns its officers, boards, committees, employees, agents, volunteers, and contract employees. I further understand that my/my child's participation in these programs is voluntary. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the recreation program's with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage I/my child may cause or sustain.

Medical Release:

I hereby give permission to all of the Lower Cape Recreation Department's staff to provide and administer immediate first aid and authorize a physician/local hospital to secure proper treatment for myself or my child if the need arises.

Media Release:

I agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

Parent/Guardian Signature
(If participant is under 18, parent/guardian signature required)

Date